



COMMISSIONER OF ELECTIONS

32 W. Looekerman St., M101

Dover, DE 19904

Phone: (302) 739-4277

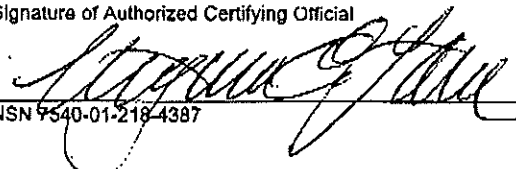
Fax: (302) 739-6794

Fax

To: GSA**From:** Virginia E. Lane**Fax:** 202-501-1124**Pages:** 2(Including Coversheet)**Phone:****Date:** 01/21/04☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☒ **Per Your Request****• Comments:** State of Delaware, Commissioner of Elections, 302-739-4277

Help America Vote Act Annual Report ending 12/31/03

FINANCIAL STATUS REPORT*(Short Form)**(Follow instructions on the back)*

| | | | | | |
|---|--|---|--|--|------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency IOI Help America Vote Act | | OMB Approval No. 0348-0038 | Page of 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) State of Delaware, Commissioner of Elections, 32 W. Lookerman Street M101, Dover DE 19904 | | | | | |
| 4. Employer Identification Number 51-6000279 | | 5. Recipient Account Number or Identifying Number SA 03-09-17-02 | | 6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | | | | | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 5/9/2003 | | To: (Month, Day, Year) 3/9/2003 | | 9. Period Covered by this Report From: (Month, Day, Year) 3/9/2003 To: (Month, Day, Year) 12/31/2003 | |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative | |
| a. Total outlays | | 0.00 | 10,993.52 | 10,993.52 | |
| b. Recipient share of outlays | | | 0.00 | 0.00 | |
| c. Federal share of outlays | | | 10,993.52 | 10,993.52 | |
| d. Total unliquidated obligations | | | | 75,275.70 | |
| e. Recipient share of unliquidated obligations | | | | 0.00 | |
| f. Federal share of unliquidated obligations | | | | 75,275.70 | |
| g. Total Federal share (Sum of lines c and f) | | | | 86,269.22 | |
| h. Total Federal funds authorized for this funding period | | | | 5,000,000.00 | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | 4,913,730.78 | |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed | | | | |
| | b. Rate 0 | c. Base 0 | d. Total Amount 0.00 | e. Federal Share 0.00 | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | |
| Typed or Printed Name and Title Virginia E. Lane, Support Services Adminsitrator | | | Telephone (Area code, number and extension) 302-739-4277 | | |
| Signature of Authorized Certifying Official  | | | Date Report Submitted January 21, 2004 | | |